

HEALTH & SAFETY POLICY

It is the policy of Lewisham Youth Theatre (LYT) to provide, as far as is reasonably practicable, safe and healthy working conditions, equipment and systems of work, for employees and volunteers. LYT also aims to provide a safe and healthy environment for participants, audience members and anyone visiting its premises. LYT aims to ensure that any work undertaken by the organisation does not adversely affect the health and safety of other persons.

POLICY AIMS & OBJECTIVES

- To promote and maintain standards of safety, health and welfare, that comply fully with the Health & Safety at Work Act 1974, other relevant legislation, and codes of practice.
- To protect employees, volunteers, participants and others, including the public, from foreseeable hazards.
- To provide all employees and volunteers with the necessary information, instruction, training and supervision needed to ensure that safe working practices are adhered to and safety awareness is developed.
- To ensure that all employees, volunteers and participants are aware of their responsibilities to take care of themselves and others.
- To encourage consultation and cooperation between employees, volunteers, participants and management on any aspect of health and safety.
- To regulate any risk created by work operations and where necessary consult with outside bodies in order to maintain a safe working environment.

RESPONSIBILITIES

All those working and interacting with LYT have a duty to uphold and abide by the Health & Safety Policy. Trustees, staff, facilitators, trainees and volunteers have a duty to act in accordance with this policy, and to support service users and other stakeholders to act in accordance with the policy principles.

1. **The Council of Management** has ultimate responsibility for Health & Safety. The Council of Management is responsible for taking all reasonable steps to ensure that adequate resources are made available, thereby maintaining a suitable, safe working environment.
2. **CEO** will act as the Health and Safety officer for the organisation and has responsibility for ensuring the Health & Safety policy is implemented throughout the organisation. Working under the direction of the Council of Management, the CEO will:
 - Communicate the Health & Safety Policy & Procedures to all staff, facilitators and volunteers and young people.
 - Manage the Administration Coordinator as the Appointed Person
 - Along with the Creative Director, write, review and disseminate risk assessments, ensuring that they are fit for purpose. **LYT's fire risk assessment can be found in Appendix A.**
 - Action any points arising from the completion of Risk Assessments
 - Along with the Creative Director, review the accident book and any related incidents and implement changes to improve safety
 - Identify needs and arrange training in relation to matters of Health & Safety.
 - Delegate the day-to-day implementation of the Health & Safety Policy within the organisation.
 - Ensure that adequate maintenance systems are in place and that all identified maintenance is implemented.
 - Ensure Health & Safety aspects are incorporated into all job instructions.
 - Bring to the attention of the Council of Management all new legislation, codes of practice and other related matters.

- Report any accident, damage or dangerous occurrence to the Council of Management

3. Finance and Administration Coordinator will act as the First Aid Appointed Person. The Appointed Person is responsible for:

- Taking charge of first aid arrangements, including maintaining the first aid kit and disposing safely of expired contents
- Calling the emergency services in an emergency

When the Administration Coordinator is not on site, the most senior staff member present will act as the Appointed Person.

4. Staff, Facilitators, Volunteers and Participants should be made familiar with and **conform** to all relevant aspects of the Health & Safety procedures. This includes:

- Observing all safety rules at all times.
- Wearing appropriate safety equipment when required.
- Not interfering with anything provided to safeguard their own or others' Health & Safety.
- Reporting all accidents, damage and serious occurrences to the CEO/Creative Director.
- Reporting all Health & Safety concerns to the CEO/Creative Director.
- Taking reasonable care of themselves and others who may be affected by their actions.

ACCIDENT & FIRST AID PROCEDURE

Basic Guidelines

The following steps should be taken to ensure the safety of all those who use LYT's premises:

- Up to date emergency contact details for all staff, volunteers and participants is held (respectively) in personnel files, volunteer folder and Views database
- Facilitators will ensure they have emergency contact details of participants available to them at all points in the sessions
- At least 2 adults should be present at all sessions, with a minimum ratio of 1 adult to 8 children (if under 14) or 1 adult to 10 children (if 14+)
- Access to the LYT office where the first aid kit is located will be made available to facilitators and participants at every session.
- All staff, facilitators and volunteers will receive a copy of this policy prior to starting a project.
- All staff and Lead Facilitators are asked to review the relevant risk assessments before starting a project.
- At least one staff member/tutor with up to date First Aid training should be present during working times, including evenings and weekends.
- Staff members should receive updated basic first aid training every 3 years.
- All staff and facilitators must ensure the space (both indoor and outdoor) used for sessions, rehearsals and performances are safe and that risk is mitigated in line with the relevant risk assessment(s). This includes checking for slip, trip and fall hazards and manual handling issues.
- Use of hazardous chemicals (e.g. spray paints) will be assessed in line with [Control of Substances Hazardous to Health \(COSHH\) Regulations 2002](#) by the supervising staff member. The supervising staff member will put in place plans for appropriate ventilation and protective covering provided for anyone coming into contact with these materials, and will report these plans to the CEO.
- Facilitators are responsible for planning sessions to ensure activities are safe for the number of people in the space (e.g. for assessing if the physicality of an exercise is appropriate for the needs of a group).
- Facilitators should highlight to young people in the session any trip hazards, and encourage activity to take place away from these areas.

First Aid and Accident/Incident Procedure

In the event of an emergency, the Appointed Person should always call 999 before following the steps below.

Any accidents or incidents involving those involved in LYT sessions should also be reported in the first instance to the Lead Facilitator. The Lead Facilitator should ensure:

- Continued risk is removed or mitigated in line with the appropriate written risk assessment(s);
- The participant does not engage in any activity that may constitute further risk;
- The parent/carer or emergency contact of the young person is informed of the accident as soon as possible;
- If necessary, an action plan for treating or managing any injury is developed and agreed with the parent/carer. Lead Facilitators should continue to communicate the results and progress of this plan with parents/carers;
- If the accident has involved a head injury, encourage parents/carers to monitor injured party for 48 hours for signs of concussion (headache, dizziness/confusion, slurred speech, nausea/vomiting, loss of consciousness, etc.)
- The accident/incident is recorded in the accident book, located in the LYT Office.
- The CEO and/or Creative Director are notified of the accident/incident is not already present on the next working day, or immediately in an emergency.
- If hospital treatment is required and parents/carers do not get to LYT before the ambulance, a core member of staff will accompany the young person.

Emergency Response

In the event of an incident that requires emergency medical attention, the Appointed Person should:

- Dial 999 immediately
- Give the address as: "436 Lewisham High Street, SE13 6LJ" (or appropriate address if off-site)
- Ensure the injured person is not left alone
- Meet Emergency Services in front of the building, or delegate a responsible adult to do so
- Brief Emergency Services on any communication needs or disability of person involved (e.g. autism, mental health issues, etc.) as well as injuries

These instructions will be displayed prominently in working areas.

Staff, facilitators and volunteers are reminded that emergency situations may include mental health emergencies, including threats of suicide, as well as physical injury. Mental health emergencies should be handled as described above in the same way as any other medical emergency. A 'Youth Mental Health First Aid' guide is kept in the office next to the first aid box as a reference.

In the event of an injury or incident that requires medical attention quickly, but is not an emergency, the Appointed Person can dial 111 to speak to a medical professional who will provide the relevant support.

First Aid Box Content

There is no mandatory list of items to be included in a first-aid container. Based on the assessment of Lewisham Youth Theatre as an office-based and therefore low-hazard working environment, the following items should be stocked in the first-aid box:

- a leaflet giving general guidance on first aid;
- 40 individually wrapped sterile plasters (assorted sizes);
- two sterile eye pads;
- two finger dressings;
- two individually wrapped triangular bandages, preferably sterile;
- twelve safety pins;
- two large sterile individually wrapped unmedicated wound dressings;
- six medium-sized sterile individually wrapped unmedicated wound dressings;
- Microporous tape;
- twenty sterile wet wipes;
- at least three pairs of disposable gloves ;
- two instant ice packs;
- one foil blanket

The contents of this box will be reviewed based on activity risk assessments.

Accident Reporting

Any accidents or incidents involving LYT staff, facilitators, participants or volunteers should be recorded in the Accident Book and reported to the CEO.

Information in the Accident Book will include:

- Date, Time and Place of the incident and outcome.
- Name of injured or ill person
- Details of the injury/illness and the action taken
- What happened to the person immediately afterwards (e.g. went home, went back to session, went to the hospital)
- Name and signature of the person writing the report

The CEO will report incidents which fall within the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 to the Health and Safety Executive. These incidents include major injuries, accidents resulting in employees being absent from work for more than 7 days, or members of the public going to hospital from the scene of the accident etc.

FIRE SAFETY

The Regulatory Reform Fire Safety Order 2005 governs all matters of fire safety. LYT's activities mainly take place within LYT's own building. Fire alarms are tested on a weekly basis and fire drills are run twice a year with all staff. The Health and Safety Officer is responsible for the maintenance of all fire equipment, and conducts regular checks. The Production Manager is responsible for maintaining the log of fire equipment and notifies the H&S Officer of any faulty or out of date equipment. **See log book in Appendix B.**

LYT's CEO, and Finance and Administrative Coordinator has received training as a Fire Evacuation Warden. All workers are given fire safety training as part of their induction, including location of fire exits, evacuation procedures and assembly point. Facilitators will point out fire exits and the assembly point to each group of young people at the beginning of project and at beginning of sessions.

In the case of a fire, the fire warden(s) (or lead staff, when appropriate) will ensure:

- Duty Manager will instigate evacuation of the building, giving clear instruction as to which escape route to take. Core staff to commence evacuation whilst support staff and volunteers assist – ensuring this is done in calm and orderly manner. Assistance to be given to those needing additional help in evacuating.
- Duty manager will dial 999 and request attendance by the Fire Service. The duty manager gives their name, name of building, building address (as detailed above), contact number and any details of fire (what zone/floor it is in etc.)
- Duty manager to pick up signing in book/sheet from the bookshelf in hallway and lead evacuation to the assembly point.
- 'Generic emergency evacuation plans (GEEPs)' are in place for members of the public who may visit the building. PEEPs should be created for disabled visitors who require assistance during an evacuation in line with the Disabled Persons Evacuation Policy. These will be implemented as appropriate (i.e. depending on whether any person subject to a PEEP plan is present on site)
- The 1st floor of LYT's building is not accessible for any person with any inhibited mobility issue.
- Core staff to coordinate a sweep of ground floor and 1st floor of building to ensure all areas are clear. **IF SAFE TO DO SO.** Staff to leave by nearest exit following sweep.
- Core staff to ensure nobody re-enters the building until confirmed safe to do so by the Fire Service.
- Meet at assembly point and check all staff members/participants and guests are accounted for.
- Duty manager to liaise with Fire Service upon their arrival. The duty manager should wear a high vis jacket to be easily identifiable.

All staff have a duty to be aware of the fire and emergency procedures, to ensure that all escape routes and fire exits are kept clear, and to report any defective or damaged fire fighting equipment, such as fire extinguishers.

PAT Testing

LYT acts in accordance with the Electricity at Work Regulations 1989, which require that any electrical equipment that has the potential to cause injury is maintained in a safe condition.

- All LYT staff members must conduct regular visual inspections of equipment, as a preventative measure.
- The Health & Safety Officer is responsible for assessing the risk of electrical equipment by the amount of wear and tear, and the frequency of usage.
- The Finance and Administration Coordinator is responsible for maintaining a record of electrical equipment that has been checked, inspected and PAT tested.
- Any item failing its PAT test must be withdrawn from service immediately and not re-used until the fault(s) have been rectified and it has been re-tested and successfully passed the PAT test or disposed of and replaced as necessary.
- A PAT specialist tests LYT's electrical equipment every 2 years, and labels each piece of equipment.

EMPLOYEE HEALTH & SAFETY

Working from Home

From time to time, LYT supports employees to work from home in order to help them manage work-life balance and/or to provide a more productive space for completing certain tasks. LYT must manage employees working from home carefully to ensure optimal productivity and continued communication and idea-sharing between the team. We have consulted the Health & Safety Executive's toolbox on protecting home workers in developing this policy.

In order to ensure the home work environment remains as safe and productive as possible, managers should:

- Have clear supervision arrangements in place and agreed methods for keeping in contact with home-working staff
- Consult with and support staff regarding workstation assessments of their home work environment
- Where budget allows, approve the purchase or procurement of small equipment, e.g. laptop risers, keyboards & mouse etc., with the goal of creating a similar environment of occupational health as workers would have in the office.
- Ensure that LYT computers and electronic equipment used in workers' homes are PAT-tested and in good working order.

Display Screen Equipment (DSE)

LYT is responsible for assessing workstations of employees that regularly use DSE as a significant part of their normal work (daily, for continuous periods of an hour or more). The Administrator will assess the workstation along with the employee during induction and at any point if their workstation, equipment or tasks change significantly. The administrator will go through the [DSE workstation checklist](#) with staff to mitigate any risks and provide additional equipment (risers, portable keyboards etc.) if needed. Staff are encouraged to break up long periods of DSE work by stretching, looking away from the screen often and taking regular rests.

Health and Safety Officer

Victoria Shaskan (CEO)
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020 8318 2508

First Aid Appointed Person

Isla McGregor
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Document Control Sheet

H&S POLICY

	NAME	TITLE	SIGNATURE	DATE
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Authoriser	Mairi Hayes	Safeguarding Lead (Council of Management)	<i>Mairi Hayes</i>	20/05/2024

Effective Date:	20/05/2024
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Review Date:	20/05/2025
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PREVIOUS POLICY UPDATES
Policy updated June 2009
Policy updated April 2011
Policy updated May 2018
Policy updated Feb 2019
Policy updated Feb 2021
Policy updated May 2024



**Lewisham Youth Theatre 436 Lewisham High St.
London, SE13 6LJ**

Responsible Person / Person Consulted: Miss Anna Smith [Compliance Manager]

Risk Assessor: Anna Smith & Isla McGregor

Date of Assessment: 2nd May 2024

Legislation

The following legislation and guidance have been referred to in the preparation of this report:

The Regulatory Reform (Fire Safety) Order 2005

Communities and Local Government Department Guidance on Fire Safety Order

Building Regulations Approved Document 'B'

British Standard 476 (and BS8214 in relation to fire doors)

British Standard 5839 – Fire Alarms

British Standard 5266 – Emergency Lighting

British Standard 5306 – Portable Firefighting Equipment

BS ISO EN 7010: 2011 - Graphical symbols – Safety colours and safety signs

Review

The fire risk assessment should be reviewed by a competent person in the event of whichever is the earlier of the following circumstances:

A change of circumstances relating to the assessment e.g., a change of process.

A fire occurs.

2nd May 2024.

Abstract and Scope

This report has been prepared by Lewisham Youth Theatre (LYT). The recommendations made are to satisfy the requirements of the quoted legislation.

There has been no intrusive testing or examination of the structure to establish beyond question the fire resistance, or not, of the construction. Visual examination and or Information provided by the occupier have been accepted as sufficient or a recommendation for further investigation is made.

The building has been checked for reinforced autoclaved aerated concrete and no issues were found. The assessor is not qualified to comment or make recommendations beyond 'further investigation required'.

The fire alarm has been recently installed and benchmarked against the relevant British Standards for correct siting etc.

The emergency lighting is due to be tested.

The contents of this report, particularly in regard to the assessment of risk and any recommendations arising will be dependent in part or in whole to the accuracy and extent of any information provided by the occupier or Responsible Person. No liability can be accepted where relevant information is withheld or inaccurate for any reason.

The responsibility of the management of fire safety, implementation of any of the findings or recommendations detailed in this report and the on-going review of this Fire Risk Assessment is that of the designated 'Responsible Person' for the premises.

The Actions have been prioritised as Life Safety Critical, High, Medium or Low for life safety issues. Life Safety Critical – these are actions that are required to be taken immediately to lessen the risks which, in the assessor's opinion, present an imminent danger to life. These are conditions where the Local Fire Service would issue a Prohibition Notice requiring immediate action before permitting the use of a part of the building. In all instances these actions would have been communicated to the occupier or their representative at the time of the inspection.

High – signifies, in the assessor's opinion, that there is a serious danger to persons from the hazard and the issue should be dealt with urgently, or in some cases immediately.

Medium/High – signifies that action must be taken in the short term, usually one month, in order to lessen the risk to an acceptable standard.

Medium/Low - signifies that fire safety improvements are required within a reasonable defined timescale to reduce any risk to an acceptable level.

Low – signifies minor issues that should be dealt with when; on rare occasions they are required or when time and resources permit, depending on the nature and level of risk and amount of possible disruption.

Management Report

The Management Report is intended to convey to the management an idea of the overall level of compliance and the scale of works required in order to achieve compliance. It is not an exhaustive list of the defects and deficiencies found and should not, therefore, form the basis of any remedial action plan. The Actions Arising should be the point of reference for remedial works. This will be found at the end of this report.

Significant findings:

There are fire doors linking most separate rooms. However, the door into the office on the ground floor is not a fire door.

The first floor is only accessible via a narrow staircase, where people can only walk in single file – therefore a max of 20 people are able to be present upstairs at any one time.

The basement is only accessible via a narrow and precarious staircase, where people can only walk in single file – therefore a max of 10 people are able to be present upstairs at any one time.

There has been a recent electrical fault where a portable heater was plugged into an extension lead, leading so a power overload. The trip switch wasn't triggered and therefore we are seeking an electrician to undertake an electrical safety check.

Essential reading

The Responsible Person's attention is drawn to the essential pages of this document being;

Page 3 Scope

Page 14 Significant Findings

Page 17 Fire Strategy

Page 23 Actions Arising.

Risk Level Estimator

Based on BS8800

The premises at the time of the survey were assessed as Moderate risk by reason of the means of escape. The table below explains more the category within which the premises have been placed.

	Slightly harmful	Harmful	Extremely harmful
Unlikely occurrence	TOLERABLE	TOLERABLE	MODERATE
Possible Occurrence	TOLERABLE	MODERATE	SUBSTANTIAL
Likely Occurrence	MODERATE	SUBSTANTIAL	SUBSTANTIAL
Risk Based Control Plan			
Risk Level	Action		Time Scale
Low/Tolerable	There may be some potential for minor injury. Some minor additional controls are required. Consideration may be given to a more cost-effective solution or improvement that imposes no additional cost burden. Monitoring is required to ensure that any controls put in place are maintained.		See Actions Arising but generally 6 – 12 Months
Medium/Moderate (Within this category of overall risk are two subcategories in terms of Actions Arising; Medium High and Medium Low. These are explained in the Scope and in the Actions Arising section.)	Med High - Potential for serious injury. Efforts should be made to reduce the risk, but the costs of prevention should be carefully measured and limited, Risk reduction measures should be implemented within an agreed programmed time period. Where the moderate risk is associated with extremely harmful consequences further assessment may be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved control measures. Med Low – remedial measures required but cost/benefit ratio requires consideration.		See Actions Arising for specific works but generally 3 – 6 Months

High/Substantial	Potential for major injury or high numbers of people harmed. Work to remedy the situation should be started or continue until risks have been reduced. Considerable resources may have to be allocated to reduce the risk. Where the risk involves work in progress urgent action should be taken.	See Actions Arising for Specific works but generally 0 – 3 Months [issues that required immediate attention will have been communicated to the Responsible Person at the time of the survey and appear as Life Safety Critical in the Actions Arising section]
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The Building:

Description of Premises

The survey carried out in preparation of this FRA report has taken into account the construction and layout of the building which has a fundamental impact upon the assessment of risk. Should the layout or construction change then the FRA must be reviewed.

436-438 Lewisham High Street, Lewisham, SE13 6LJ is a building dating circa 1970. The building is split into two sections with the section nearest the front forming two storeys and the rear section being single storey. The walls are 1 brick thick facing brickwork walls with painted metal Crittall style single glazed windows. The roof to the front section is a flat roof with assumed felt covering and parapet surround. The roof to the rear section is a pitched roof finished with felt, with a flat roof at the rear also finished with felt. The building is located along the High Street with residential buildings to the left and rear of the site and a place of worship to the right. The building is provided with two flat roofs and a pitched roof over the main hall, all of which have a felt covering. There is good access to front and rear. The ground floor footprint is larger than the 1st floor and basement. Total floorspace approx. 362.1 sq m.

The internal walls of the building are a mixture of masonry walls and timber stud walls. The underside of the ground floor is a reinforced concrete beam and concrete block floor. The basement floor consists of solid standard concrete.

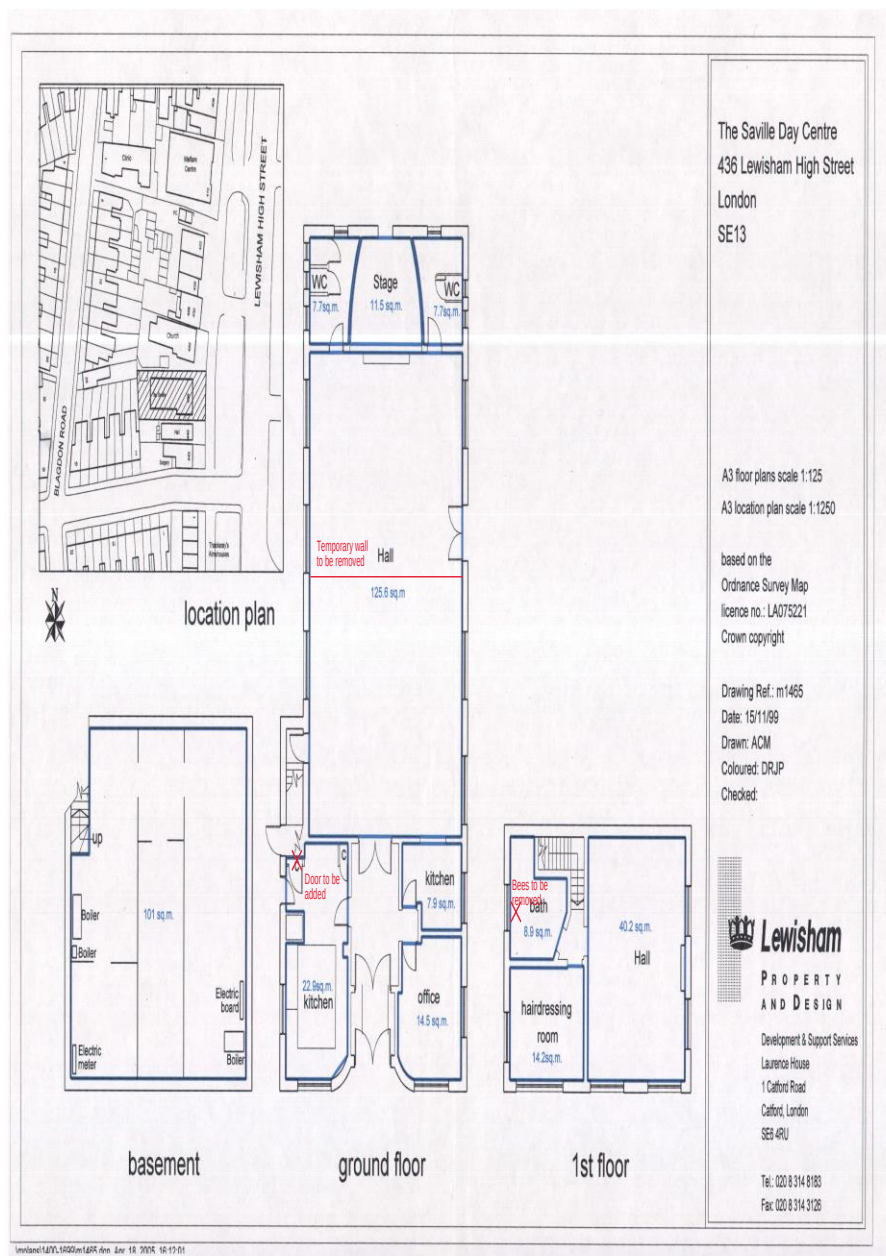
The ground floor consists of 8 distinct spaces:

- Hallway
- Kitchen
- Office
- Storeroom (previously industrial kitchen)
- Main hall
- Stage
- Toilets x 2

The first floor consists of 5 distinct spaces:

- Hallway/stairs
- Main hall
- Kitchen
- Toilet
- Office

The Basement consists of 4 partitioned spaces, which are not separated by doors.



There are stairs leading to the basement from the ground floor and from the ground floor to the 1st floors. There are no lifts within the building.

There is a fire exit at the bottom of the staircase that leads up to the first floor. The fire exit goes directly outside into the alleyway at the side of the building with direct access out to the street via the side gate.

The staircase to the basement has a fire door. It is located approximately 10 meters from the main fire exit in the Main hall and approximately 15 meters from the main entrance.

There is no sprinkler system or smoke extraction installed in the building. However, there is an integrated fire panel and audible alarm system, including flashing red lights positioned around the building. There is also an emergency lighting system.

There are 2 accessible fire escape routes on the ground floor:

Via the main entrance at the front of the building.

In the Main Hall on the North facing wall which leads outside into a wide alleyway.

From the alleyway the escape route is through a metal gate at the side of the building. There are concerns regarding the means of escape from the first floor and basement because access to both floors is via narrow staircases.

The Occupants:

The assessment of risk from fire depends upon the people who occupy the premises whether permanently or from time to time. In addition, the activities that go on there on a day to day basis will have a direct effect upon the risk assessment. It is therefore of paramount importance that any changes to occupancy whether in regard to people or processes is reflected in the Fire Risk Assessment.

The Responsible Person is Victoria Shaskan [Executive Director]

The subject premises is a drama workshop and makeshift theatre. There are 11 employees plus sessional staff and volunteers.

The premises houses performance spaces, office facilities staff room and WCs, and contains the usual furniture, furnishings and fittings that one might expect to be associated with a theatre and is assessed as being of Normal risk.

Typical workshop drama sessions attract around 20 participants plus the necessary staff and sessional workers. Activities will be held in the evening and, therefore, during the hours of darkness.

Relevant History:

It is important that any past incidents of fire, false alarms or local criminal activity is taken into account when assessing the risk to a premises. Local incidents of arson are of particular relevance.

No history of fires or arson reported.

Systems

The systems installed in the building are detailed below. This is purely a record of existence and not an endorsement of the condition of the apparatus. Where there are obvious deficiencies then that is reported in the Significant Findings section. The Section should be considered as Significant Findings in its own right

Electrical Installation	240v single phase and neural MCB distribution board designed to comply with BS5486 Pt. 12. The circuit are protected by MCBs. The intake is located in the basement. A visual inspection of the installation showed no apparent defects. PAT to portable electric appliances was completed for everything in the building on 08/02/2024. The most recent electrical safety check was 10/03/2021. It is now due for renewal.
Mains Gas	There is mains gas supplied direct to the subject premises. Intake is in the basement.
Heating and Ventilation	There is a gas central heating system, which heats just the radiators across the building on the ground and first floor. The boiler (Hamworthy R250 – serial no. 2344156) is located in the basement. The last gas safety check was completed on 21/06/2023, which was passed. The next test is due for 21/06/2024. There are also 3 electric boilers which heat hot water in the toilets and the kitchen.
Fire Safety	There is a comprehensive fire detection and alarm installed, adjudged to broadly comply with BS5839-1. There is Emergency lighting installed which complies with BS5266. The most recent test took place on 13/03/2023. It is now due to another annual test. There is an adequate provision of portable fire extinguishers, which were most recently tested in November 2023.

Fire Safety Records

The records below were present or shown to the assessor. Ideally, all relevant records should be filed in a Logbook which can be presented to the Enforcing Authority on demand.

Fire Risk Assessment	Yes
Fire Policy	Yes
Emergency Plan	Yes
PEEPs	Yes
Contractor Policy	N/A
Disabled Policy	N/A
Hot Work Permit	N/A
Records:	
Logbook	Yes
Fire Alarm Service Tests	Yes
Emergency Lighting Service Tests	Yes
Smoke Extraction Service Tests	N/A
Sprinkler service Tests	N/A
Evacuation Drills	N/A
Staff Training	Yes
Fire Wardens	Yes
Firefighting Equipment Tests	Yes
Electrical Installation	Yes
Portable Appliance Tests	Yes
Gas Safety Certificate	Yes
Daily, weekly, and monthly checks.	Not yet – To be established

Significant Findings – Fire safety measures

Detailed in the table below are the significant findings of the inspection which may be positive as well as indicating improvements required. The Item numbers below are referred to in the Actions Arising at the end of this report.

Item	Significant finding	Level of risk	Recommendations
1	The 1 st floor is only accessible via a narrow staircase, where people can only walk in single file.	Moderate	Number of people on the 1st floor to be restricted to 20 people at a time.
2	The basement is only accessible via a narrow staircase, where people can only walk in a single file.	Moderate	Number of people in basement to be restricted to 10 people at a time.
3	The door into the office on the ground floor is not a fire door.	Moderate	All staff to be made aware, alternative means of escape have been established.
4	There has been a recent electrical fault where a portable heater was plugged into an extension lead, leading so a power overload. The trip switch wasn't triggered.	Moderate	The power socket has been deemed unusable and taped off. Staff, volunteers and participants have been made aware not to plug any electrical heaters into extension leads. We are seeking an electrician to undertake an electrical safety check, to determine the fault.

Fire Strategy and Emergency Action Plan

The Emergency Action Plan in many cases will be sufficient to convey the fire strategy of the building. It should be displayed at the entrance to the building and adjacent to any fire alarm call point or, at least on each floor. Not only should action in event of fire be displayed but, where appropriate, details of any assembly point outside the building.

Fire Strategy

The Fire Strategy relies on passive and active fire safety measures, but the principal agent of fire safety will be well trained staff and volunteers who will need to direct members of the public in the event of a fire. It is essential that fire doors function as designed and that all staircases are protected by fire resisting construction and doors.

Given the lack of alternative exits from the basement and First floor, it essential that staff are trained in the routes.

Emergency Plan

The plan, total evacuation on raising the alarm is appropriate, and there is a policy for dealing with disabled persons and a procedure for ensuring the premises has been evacuated. The Fire Action Notices on display give the appropriate advice.

Personal Emergency Evacuation Plans (PEEPs)

All staff are general needs and, as such, do not require PEEPs.

PEEPs are required where people working or even visiting the premises for any length of time may not be able to evacuate from the premises unassisted. Any necessary measures implemented will be recorded in a PEEP. A Disabled Policy is required which will include measures to be taken if a person with mobility impairment is located anywhere other than the ground floor.

Maintenance and Testing

Fire Alarm

The alarm should be tested weekly by a competent person. A different call point should be tested each week using a purpose made test key. Faults should be reported to someone who can authorise repairs. If the system cannot be repaired immediately a risk assessment should be undertaken to ensure the area can continue to be safely used. The person carrying out the risk assessment must be competent. The system should be serviced by suitably qualified persons every six months or as agreed by the installers. Further advice can be gained from BS 5839-1.

Emergency Lighting

The emergency lighting should be checked monthly by a competent person to ensure it functions correctly. This may be carried out by purpose made test switches that will require a specific key or by isolating the local lighting sub-circuit. It is important the lighting works when the local lighting circuit fails and does not rely on the failure of the overall circuit.

The system should be serviced annually by suitably qualified engineers. Further advice can be gained from BS 5266-1.

Staff Training

All staff must receive training in what to do in the event of discovering a fire or hearing the alarm. This training should take place by a competent person as soon as possible after employment and staff should receive refresher training every twelve months. Where staff have specific duties such as in care and rest homes or hotels they should complete an evacuation drill every six months.

Fire Fighting Equipment

Firefighting equipment should be hung on purpose made brackets approximately 1 metre off the floor or sat in purpose made floor holders. The equipment should be checked weekly to ensure it is in position and appears undamaged. The equipment should be serviced annually by a competent person. Further advice can be gained from BS 5306-3.

Maintenance of Escape Routes

Fire doors should be self-closing or kept locked shut. Fire Doors should only be held open by a device that is designed to release the door on activation of the alarm. The decision to fit such a device can only be taken following a Fire Risk Assessment of the door location. Fire doors must not be wedged open. Corridors and fire exits must be kept clear of all combustible material and obstructions. Fire doors should be checked weekly for good order and operation.

PAT

All portable electrical equipment should be subject to a system of maintenance and inspection to ensure it is safe to use and does not present a risk of electrical short or overheating. Specifics on how and when can be sought from the HSE website. www.hse.gov.uk

Electrical

The main electrical installation should be tested by an electrical engineer at least every five years.

Gas Safety

All gas burning equipment should be subject to an annual inspection by a Gas Safe registered technician.

Record Keeping

Records should be kept of all testing, maintenance and staff training to enable the responsible person to demonstrate they have taken all reasonable steps to maintain adequate fire safety standards.

Photographs

The following photographs show examples of the significant findings in this report and are not necessarily an exhaustive gallery of all the contraventions that may exist. Detailed list will be found in the Action Plan



Narrow stairscape to Basement



Narrow staircase to First floor

Escape routes

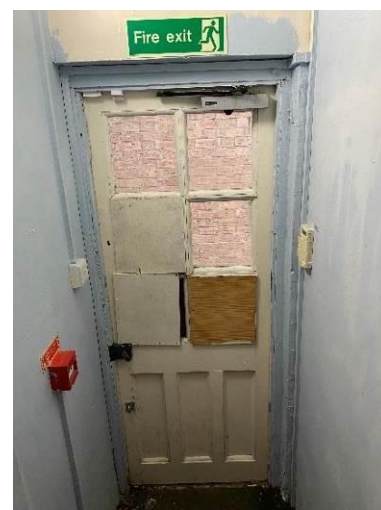
The escape routes from the building are:



Ground floor front entrance. This should be used as the preferred route from ground floor when possible.



Ground floor back exit (turn right out of the door, and exit via the gate towards the assembly point)



1st floor stairs, (only route, turn left out of door, exit the via the gate towards the assembly point)

Fire assembly point

The assembly point is: Opposite the building on a small patch of grass accessible via a gate on the left hand side.



Fire assembly point



Access into fire assembly point

Actions Arising

Risk rating: Life Safety Critical (LSC) – item should be dealt with immediately; High – item should be dealt with within 1 month; Medium/High – 1 to 3 months; Medium/Low – 3 to 6 months; Low – within 6 months to a year. Any urgent work will have been dealt with separately.

Non compliance	Risk Rating	Preventative Measures	Responsibilities	Date Cleared
Electrical system check is required due to recent electrical fault discovered.	Medium/High	Making sure electric heaters are not plugged into extension leads. Seeking electrician to undertake electrical safety check.	AS	

LOG BOOK OF FIRE EQUIPMENT, PAT & FIRE DOORS

FIRE FIGHTING EQUIPMENT

Location:	Type:	Last tested:	Next Test:	Photos:
Ground Floor Hall	Water	11/2023	11/2024	
Ground Floor Hallway	Water	11/2023	11/2024	
Ground Floor Store room	Fire Blanket	14/05/2024 – Visually inspected by IM	05/2025	
Ground Floor Store room	Co2	11/2022	11/2024	

Location:	Type:	Last tested:	Next Test:	Photos:
Ground Floor Office	Powder	11/2023	11/2024	
1 st Floor Hall	Water	11/2023	11/2024	
1 st Floor Office	Co2	11/2023	11/2024	

PAT TESTING

Date Completed:	Due:	Amount of Items Tested:
08/02/2024	08/02/2025	181

FIRE DOORS

Location:	Date Visually Inspected:	Date of next Visual Inspection:
Basement	14/05/2024	14/11/2024
Ground Floor Office	14/05/2024	14/11/2024
Ground Floor Kitchen	14/05/2024	14/11/2024
Ground Floor Store Room	14/05/2024	14/11/2024
1 st Floor Kitchen	14/05/2024	14/11/2024
1 st Floor Office	14/05/2024	14/11/2024
1 st Floor Hall	14/05/2024	14/11/2024

EMERGENCY LIGHTING

Location:	No. emergency lights in location	Date Visually Inspected:	Date of next Visual Inspection:	Date of next 3 hour inspection:
Basement	4	12/06/2024	12/07/2024	12/06/2025
Ground Floor Hallway	1	12/06/2024	12/07/2024	12/06/2025
Ground Floor Kitchen	1	12/06/2024	12/07/2024	12/06/2025
Ground Floor Store Room	1	12/06/2024	12/07/2024	12/06/2025
Ground Floor Hall	7	12/06/2024	12/07/2024	12/06/2025
1 st Floor Hall	3	12/06/2024	12/07/2024	12/06/2025